

**RECEIVED  
CENTRAL FAX CENTER**

SEP 25 2007

**COVER PAGE LISTING DOCUMENTS BEING TRANSMITTED VIA FACSIMILE**

2 Pages Via Facsimile: 571-273-8300  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**Certificate of Transmission**

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (fax no. 571-273-8300) on September 25, 2007

*Caleb Pollack Reg. No. 37,912*

Regarding the following Application:

Applicant(S): BASSON, Gal et al.

Examiner: BOCURE, TESFALDET

Serial No./  
Patent No.: 10/812,385

Group Art Unit: 2611

Filed/Issued Date: March 30, 2004

Attorney Docket No.: P-6583-US

Title: DEVICE, SYSTEM AND METHOD FOR WIRELESS COMBINED-SIGNAL COMMUNICATION

**Please find:**

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Provisional Cover Sheet   | 9. <input type="checkbox"/> Response to Notice to File Missing Parts  |
| 2. <input type="checkbox"/> Utility Patent Application Transmittal  | 10. <input type="checkbox"/> Response to Notice of Incomplete Reply   |
| 3. <input type="checkbox"/> RCE Transmittal Sheet   | 11. <input type="checkbox"/> Request for Correction of Filing Receipt   |
| 4. <input type="checkbox"/> Fee Transmittal Sheet   | 12. <input type="checkbox"/> Information Disclosure Statement including:<br>- Form PTO/SB/08 and references _____                     |
| 5. <input type="checkbox"/> Patent Application Under 35 USC 111(a)  | 13. <input type="checkbox"/> Preliminary Amendment  |
| <input type="checkbox"/> Provisional Patent Application Under 35 USC 111(b)   | 14. <input type="checkbox"/> Response to Office Action<br>dated _____   |
| <input type="checkbox"/> Transmittal Sheet for Entering National Phase<br>Containing:<br>____ Pages of Specification<br>____ Pages of Claims<br>____ Page of Abstract<br>____ Pages of Formal Drawings<br>____ Pages of _____ | 15. <input type="checkbox"/> Petition for a One Month(s) Extension of Time  |
| 6. <input type="checkbox"/> Signed Declaration & Power of Attorney  | 16. <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Appeal Brief _____   |
| 7. <input type="checkbox"/> Request for Correction of Recordation of Assign. and:<br>- Recordation Cover Sheet  | 17. <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Publication Fee   |
| - Copy of Notice of Recordation of Assign.  | 18. <input type="checkbox"/> Submission of Formal Drawings: Two sets of<br>____ Sheets containing Figs. _____                         |
| 8. <input type="checkbox"/> Recordation of Assign. Cover Sheet & Signed Assign.   | 19. <input type="checkbox"/> Copy of Priority Doc.  |
|   | 20. <input type="checkbox"/> Claim for Convention Priority  |
|   | 21. <input type="checkbox"/> Revocation and Power of Attorney, including:<br>- Statement Under 37 CFR 3.73(b)<br>- Copy of Assignment |
|   | 22. <input checked="" type="checkbox"/> Other: Change of Correspondence Address   |

**RECEIVED  
CENTRAL FAX CENTER**

**SEP 25 2007**

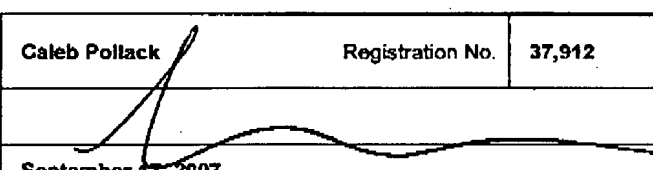
Please type a plus sign (+) inside this box →

PTO/SB/122 (11-98)

Approved for use through 6/30/99. OMB 0651-0035  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450	<b>Application Number</b>	<b>10/812,385</b>
	<b>Filing Date</b>	<b>March 30, 2004</b>
	<b>First Named Inventor</b>	<b>BASSON, Gal</b>
	<b>Group Art Unit</b>	<b>2611</b>
	<b>Examiner Name</b>	<b>BOCURE, TESFALDET</b>
	<b>Attorney Docket Number</b>	<b>P-6583-US</b>

Please change the Correspondence Address for the above-identified application to:			
<input checked="" type="checkbox"/>	Customer Number	<div style="border: 1px solid black; padding: 2px; display: inline-block;">49444</div>	→ <div style="border: 1px solid black; padding: 2px; display: inline-block;">Place Customer Number Bar Code Label here</div>
Type Customer Number here			
OR			
<input checked="" type="checkbox"/>	Firm or Individual Name	Pearl Cohen Zedek Latzer, LLP	
	Address	1500 Broadway	
	Address	12th Floor	
	City	New York	State New York ZIP 10036
	Country	U.S.A.	
	Telephone	646-878-0800	Fax 646-878-0801
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).			
I am the :			
<input type="checkbox"/>	Applicant		
<input type="checkbox"/>	Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed.		
<input checked="" type="checkbox"/>	Attorney or agent of record.		
Typed or Printed Name	Caleb Pollack	Registration No.	37,912
Signature			
Date	September 17, 2007		

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: Assistant Commissioner for Patents, Washington, DC 20231.